

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	RR	70029	4/19
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	1	3/01
2	2	2	3/02
3	3	3	3/03
4	4	4	3/03
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Claim	Final	Original	Date
51	51	51	3/01
52	52	52	3/02
53	53	53	3/03
54	54	54	3/03
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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